

85 Second Street 2nd Flr.

San Francisco

CA

94105

FEC ID No. C00135368☐ 24-Hour Notice ☒ 48-Hour Notice**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**PAGE OF 1 / 18
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) SIERRA CLUB POLITICAL COMMITTEE	FEC IDENTIFICATION NUMBER C C00135368
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Check if ☐ 24-hour notice ☒ 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

Lydia Ball

Date

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 8

Amount

16.28

Mailing Address
732 S Sixth St Suite 200ACity State Zip Code
Las Vegas NV 89101Purpose of Expenditure
Salaries & BenefitsCategory/
Type 001Office Sought: ☐ House State: _____
☐ Senate District: 00
☒ PresidentialCheck One: ☒ Support ☐ OpposeName of Federal Candidate supported or Opposed by expenditure:
BARACK OBAMADisbursement For: ☐ Primary ☒ General 2008☐ Other (specify) : _____Calendar Year-To-Date Per Election 10065.64
for Office Sought**Transaction ID: SE.17504**

Full Name (Last, First, Middle, Initial) of Payee

Lydia Ball

Date

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 8

Amount

16.28

Mailing Address
732 S Sixth St Suite 200ACity State Zip Code
Las Vegas NV 89101Purpose of Expenditure
Salaries & BenefitsCategory/
Type 001Office Sought: ☐ House State: _____
☐ Senate District: 00
☒ PresidentialCheck One: ☐ Support ☒ OpposeName of Federal Candidate supported or Opposed by expenditure:
JOHN S. MCCAINDisbursement For: ☐ Primary ☒ General 2008☐ Other (specify) : _____Calendar Year-To-Date Per Election 10391.49
for Office Sought**Transaction ID: SE.17513**

(a) SUBTOTAL of Itemized Independent Expenditures

32.56

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Catherine Duvall

Signature

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 8

24 / 48 HOUR NOTICE OF INDEPENDENT / COORDINATED EXPENDITURE, on :**FEC ID No.**☐ 24-Hour Notice ☐ 48-Hour Notice**SCHEDULE E (FEC Form 3X)****ITEMIZED INDEPENDENT EXPENDITURES**

PAGE OF 2 / 18

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)
SIERRA CLUB POLITICAL COMMITTEE**FEC IDENTIFICATION NUMBER****C** C00135368Check if ☐ 24-hour notice ☒ 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

Hillary Bright

Date

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 8

Amount

145.25

City

Pittsburgh

State

PA

Zip Code

15213

Purpose of Expenditure

Salaries & Benefits

Category/
Type

001

Office Sought:

☐ House

State: _____

☐ Senate

District: 00

☒ Presidential

Check One:

☒ Support☐ Oppose

Disbursement For:

☐ Primary☒ General 2008☐ Other (specify) : _____**Transaction ID:** SE.17501

Calendar Year-To-Date Per Election

10085.66

for Office Sought

Full Name (Last, First, Middle, Initial) of Payee

Hillary Bright

Date

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 8

Amount

145.25

City

Pittsburgh

State

PA

Zip Code

15213

Purpose of Expenditure

Salaries & Benefits

Category/
Type

001

Office Sought:

☐ House

State: _____

☐ Senate

District: 00

☒ Presidential

Check One:

☐ Support☒ Oppose

Disbursement For:

☐ Primary☒ General 2008☐ Other (specify) : _____**Transaction ID:** SE.17511

Calendar Year-To-Date Per Election

10320.74

for Office Sought

(a) SUBTOTAL of Itemized Independent Expenditures

290.50

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Catherine Duvall

Signature

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 8

24 / 48 HOUR NOTICE OF INDEPENDENT / COORDINATED EXPENDITURE, on :

FEC ID No.

☐ 24-Hour Notice ☐ 48-Hour Notice

SCHEDULE E (FEC Form 3X)

ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)
SIERRA CLUB POLITICAL COMMITTEE

FEC IDENTIFICATION NUMBER

C C00135368

Check if ☐ 24-hour notice ☒ 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

Joshua Dornier

Date

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 0 8

Amount

18.15

City State Zip Code
Washington DC 20002Purpose of Expenditure
Salaries and BenefitsCategory/
Type 001Office Sought: ☐ House State: _____
☐ Senate District: 00
☒ PresidentialCheck One: ☒ Support ☐ OpposeName of Federal Candidate supported or Opposed by expenditure:
BARACK OBAMADisbursement For: ☐ Primary ☒ General 2008☐ Other (specify) : _____Calendar Year-To-Date Per Election
for Office Sought 5132.56

Transaction ID: SE.17493

Full Name (Last, First, Middle, Initial) of Payee

Joshua Dornier

Date

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 0 8

Amount

163.35

City State Zip Code
Washington DC 20002Purpose of Expenditure
Salaries & BenefitsCategory/
Type 001Office Sought: ☐ House State: _____
☐ Senate District: 00
☒ PresidentialCheck One: ☐ Support ☒ OpposeName of Federal Candidate supported or Opposed by expenditure:
JOHN S. MCCAINDisbursement For: ☐ Primary ☒ General 2008☐ Other (specify) : _____Calendar Year-To-Date Per Election
for Office Sought 9871.82

Transaction ID: SE.17497

(a) SUBTOTAL of Itemized Independent Expenditures

181.50

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Catherine Duvall

Signature

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 8

24 / 48 HOUR NOTICE OF INDEPENDENT / COORDINATED EXPENDITURE, on :

FEC ID No.

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SCHEDULE E (FEC Form 3X)

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NAME OF COMMITTEE (In Full)
SIERRA CLUB POLITICAL COMMITTEE

FEC IDENTIFICATION NUMBER

C C00135368

Check if ☐ 24-hour notice ☒ 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

Joshua Dornier

Date

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 8

Amount

36.30

City State Zip Code
Washington DC 20002Purpose of Expenditure
Salaries & BenefitsCategory/
Type 001Office Sought: ☐ House State: _____
☐ Senate District: 00
☒ PresidentialCheck One: ☒ Support ☐ OpposeName of Federal Candidate supported or Opposed by expenditure:
BARACK OBAMADisbursement For: ☐ Primary ☒ General 2008☐ Other (specify) : _____Calendar Year-To-Date Per Election 10085.66
for Office Sought

Transaction ID: SE.17503

Full Name (Last, First, Middle, Initial) of Payee

Joshua Dornier

Date

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 8

Amount

272.25

City State Zip Code
Washington DC 20002Purpose of Expenditure
Salaries & BenefitsCategory/
Type 001Office Sought: ☐ House State: _____
☐ Senate District: 00
☒ PresidentialCheck One: ☐ Support ☒ OpposeName of Federal Candidate supported or Opposed by expenditure:
JOHN S. MCCAINDisbursement For: ☐ Primary ☒ General 2008☐ Other (specify) : _____Calendar Year-To-Date Per Election 10484.10
for Office Sought

Transaction ID: SE.17512

(a) SUBTOTAL of Itemized Independent Expenditures

308.55

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Catherine Duvall

Signature

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 8

24 / 48 HOUR NOTICE OF INDEPENDENT / COORDINATED EXPENDITURE, on :

FEC ID No.

☐ 24-Hour Notice ☐ 48-Hour Notice

SCHEDULE E (FEC Form 3X)

ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)
SIERRA CLUB POLITICAL COMMITTEE

FEC IDENTIFICATION NUMBER

C C00135368

Check if ☐ 24-hour notice ☒ 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

Catherine Duvall

Date

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 8

Amount

95.56

City State Zip Code
Washington DC 20002Purpose of Expenditure
Salaries & BenefitsCategory/
Type 001Office Sought: ☐ House State: _____
☐ Senate District: 00
☒ PresidentialCheck One: ☒ Support ☐ OpposeName of Federal Candidate supported or Opposed by expenditure:
BARACK OBAMADisbursement For: ☐ Primary ☒ General 2008☐ Other (specify) : _____Calendar Year-To-Date Per Election 10208.25
for Office Sought

Transaction ID: SE.17526

Full Name (Last, First, Middle, Initial) of Payee

Catherine Duvall

Date

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 8

Amount

95.56

City State Zip Code
Washington DC 20002Purpose of Expenditure
Salaries & BenefitsCategory/
Type 001Office Sought: ☐ House State: _____
☐ Senate District: 00
☒ PresidentialCheck One: ☐ Support ☒ OpposeName of Federal Candidate supported or Opposed by expenditure:
JOHN S. MCCAINDisbursement For: ☐ Primary ☒ General 2008☐ Other (specify) : _____Calendar Year-To-Date Per Election 10194.92
for Office Sought

Transaction ID: SE.17527

(a) SUBTOTAL of Itemized Independent Expenditures

191.12

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Catherine Duvall

Signature

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 8

24 / 48 HOUR NOTICE OF INDEPENDENT / COORDINATED EXPENDITURE, on :**FEC ID No.**☐ 24-Hour Notice ☐ 48-Hour Notice**SCHEDULE E (FEC Form 3X)****ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)
SIERRA CLUB POLITICAL COMMITTEE**FEC IDENTIFICATION NUMBER****C** C00135368Check if ☐ 24-hour notice ☒ 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

Kim Haddow

Date

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 8

Amount

556.52

City

Washington

State

DC

Zip Code

20002-5818

Purpose of Expenditure

Salaries & Benefits

Category/
Type

001

Office Sought:

☐ House

State: _____

☐ Senate

District: 00

☒ Presidential

Check One:

☒ Support☐ Oppose

Disbursement For:

☐ Primary☒ General 2008☐ Other (specify) : _____**Transaction ID:** SE.17519

Calendar Year-To-Date Per Election

10941.20

for Office Sought

Full Name (Last, First, Middle, Initial) of Payee

Kim Haddow

Date

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 8

Amount

556.52

City

Washington

State

DC

Zip Code

20002-5818

Purpose of Expenditure

Salaries & Benefits

Category/
Type

001

Office Sought:

☐ House

State: _____

☐ Senate

District: 00

☒ Presidential

Check One:

☐ Support☒ Oppose

Disbursement For:

☐ Primary☒ General 2008☐ Other (specify) : _____**Transaction ID:** SE.17520

Calendar Year-To-Date Per Election

11388.83

for Office Sought

(a) SUBTOTAL of Itemized Independent Expenditures

1113.04

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Catherine Duvall

Signature

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 8

24 / 48 HOUR NOTICE OF INDEPENDENT / COORDINATED EXPENDITURE, on :

FEC ID No.

☐ 24-Hour Notice ☐ 48-Hour NoticeSCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE OF 7 / 18
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) SIERRA CLUB POLITICAL COMMITTEE		FEC IDENTIFICATION NUMBER C C00135368	
Check if <input type="checkbox"/> 24-hour notice <input checked="" type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Matthew Himmelein		Date M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 8	
Mailing Address 4100 Main St.		Amount 72.24	
City Philadelphia	State PA	Zip Code 19127	
Purpose of Expenditure Salaries & Benefits	Category/ Type	001	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> Presidential	
Calendar Year-To-Date Per Election for Office Sought		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
10101.58		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2008 <input type="checkbox"/> Other (specify) : _____	
		Transaction ID: SE.17505	
Full Name (Last, First, Middle, Initial) of Payee Matthew Himmelein		Date M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 8	
Mailing Address 4100 Main St.		Amount 72.24	
City Philadelphia	State PA	Zip Code 19127	
Purpose of Expenditure Salaries & Benefits	Category/ Type	001	
Name of Federal Candidate supported or Opposed by expenditure: JOHN S. MCCAIN		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> Presidential	
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
10354.84		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2008 <input type="checkbox"/> Other (specify) : _____	
		Transaction ID: SE.17514	

(a) SUBTOTAL of Itemized Independent Expenditures	144.48
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Catherine Duvall Signature	M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 8

24 / 48 HOUR NOTICE OF INDEPENDENT / COORDINATED EXPENDITURE, on :

FEC ID No.

☐ 24-Hour Notice ☐ 48-Hour Notice

SCHEDULE E (FEC Form 3X)

ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)
SIERRA CLUB POLITICAL COMMITTEE

FEC IDENTIFICATION NUMBER

C C00135368

Check if ☐ 24-hour notice ☒ 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

Shrayas Jatkar

Date

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 8

Amount

68.67

Mailing Address

142 Truman Ave. NE

City

Albuquerque

State

NM

Zip Code

87108

Purpose of Expenditure

Salaries & Benefits

Category/
Type

001

Office Sought:

☐ House

State: _____

☐ Senate

District: 00

☒ Presidential

Check One:

☒ Support☐ Oppose

Disbursement For:

☐ Primary☒ General 2008☐ Other (specify) : _____

Transaction ID: SE.17522

Name of Federal Candidate supported or Opposed by expenditure:

BARACK OBAMA

Calendar Year-To-Date Per Election

11444.00

for Office Sought

Full Name (Last, First, Middle, Initial) of Payee

Shrayas Jatkar

Date

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 8

Amount

114.45

Mailing Address

142 Truman Ave. NE

City

Albuquerque

State

NM

Zip Code

87108

Purpose of Expenditure

Salaries & Benefits

Category/
Type

001

Office Sought:

☐ House

State: _____

☐ Senate

District: 00

☒ Presidential

Check One:

☐ Support☒ Oppose

Disbursement For:

☐ Primary☒ General 2008☐ Other (specify) : _____

Transaction ID: SE.17523

Name of Federal Candidate supported or Opposed by expenditure:

JOHN S. MCCAIN

Calendar Year-To-Date Per Election

11449.56

for Office Sought

(a) SUBTOTAL of Itemized Independent Expenditures

183.12

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Catherine Duvall

Signature

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 8

24 / 48 HOUR NOTICE OF INDEPENDENT / COORDINATED EXPENDITURE, on :

FEC ID No.

☐ 24-Hour Notice ☐ 48-Hour Notice

SCHEDULE E (FEC Form 3X)

ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)
SIERRA CLUB POLITICAL COMMITTEE

FEC IDENTIFICATION NUMBER

C C00135368

Check if ☐ 24-hour notice ☒ 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

Shrayas Jatkar

Date

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 8

Amount

100.00

Mailing Address

142 Truman Ave. NE

City

Albuquerque

State

NM

Zip Code

87108

Purpose of Expenditure

Equipment Rental

Category/
Type

006

Office Sought:

☐ House

State: _____

☐ Senate

District: 00

☒ Presidential

Check One:

☐ Support☒ Oppose

Disbursement For:

☐ Primary☒ General 2008☐ Other (specify) : _____

Transaction ID: SE.17530

Calendar Year-To-Date Per Election

10186.03

for Office Sought

Full Name (Last, First, Middle, Initial) of Payee

Shrayas Jatkar

Date

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 8

Amount

100.00

Mailing Address

142 Truman Ave. NE

City

Albuquerque

State

NM

Zip Code

87108

Purpose of Expenditure

Equipment Rental

Category/
Type

006

Office Sought:

☐ House

State: _____

☐ Senate

District: 00

☒ Presidential

Check One:

☒ Support☐ Oppose

Disbursement For:

☐ Primary☒ General 2008☐ Other (specify) : _____

Transaction ID: SE.17531

Calendar Year-To-Date Per Election

10177.14

for Office Sought

(a) SUBTOTAL of Itemized Independent Expenditures

200.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Catherine Duvall

Signature

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 8

24 / 48 HOUR NOTICE OF INDEPENDENT / COORDINATED EXPENDITURE, on :

FEC ID No.

☐ 24-Hour Notice ☐ 48-Hour Notice

SCHEDULE E (FEC Form 3X)

ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full)
SIERRA CLUB POLITICAL COMMITTEE

FEC IDENTIFICATION NUMBER

C C00135368

Check if ☐ 24-hour notice ☒ 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

Kristina Johnson

Date

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 0 8

Amount

37.16

City State Zip Code
San Francisco CA 94105Purpose of Expenditure
Salaries & BenefitsCategory/
Type 001Office Sought: ☐ House State: _____
☐ Senate District: 00
☒ PresidentialCheck One: ☒ Support ☐ OpposeName of Federal Candidate supported or Opposed by expenditure:
BARACK OBAMADisbursement For: ☐ Primary ☒ General 2008☐ Other (specify) : _____Calendar Year-To-Date Per Election
for Office Sought 4557.55

Transaction ID: SE.17494

Full Name (Last, First, Middle, Initial) of Payee

Rich Kotchmar

Date

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 0 8

Amount

145.40

City State Zip Code
Washington DC 20002-5818Purpose of Expenditure
Salaries and BenefitsCategory/
Type 001Office Sought: ☐ House State: _____
☐ Senate District: 00
☒ PresidentialCheck One: ☒ Support ☐ OpposeName of Federal Candidate supported or Opposed by expenditure:
BARACK OBAMADisbursement For: ☐ Primary ☒ General 2008☐ Other (specify) : _____Calendar Year-To-Date Per Election
for Office Sought 9817.36

Transaction ID: SE.17495

(a) SUBTOTAL of Itemized Independent Expenditures

182.56

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Catherine Duvall

Signature

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 8

24 / 48 HOUR NOTICE OF INDEPENDENT / COORDINATED EXPENDITURE, on :

FEC ID No.

☐ 24-Hour Notice ☐ 48-Hour NoticeSCHEDULE E (FEC Form 3X)
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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) SIERRA CLUB POLITICAL COMMITTEE		FEC IDENTIFICATION NUMBER C C00135368	
Check if <input type="checkbox"/> 24-hour notice <input checked="" type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Rich Kotchmar		Date M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 8	
Mailing Address 408 C St NE		Amount 145.40	
City Washington	State DC	Zip Code 20002-5818	
Purpose of Expenditure Salaries & Benefits	Category/ Type	001	
Name of Federal Candidate supported or Opposed by expenditure: JOHN S. MCCAIN		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> Presidential	
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
9908.33		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2008 <input type="checkbox"/> Other (specify) : _____	
		Transaction ID: SE.17498	

Full Name (Last, First, Middle, Initial) of Payee Rich Kotchmar		Date M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 8	
Mailing Address 408 C St NE		Amount 290.80	
City Washington	State DC	Zip Code 20002-5818	
Purpose of Expenditure Salaries & Benefits	Category/ Type	001	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> Presidential	
Calendar Year-To-Date Per Election for Office Sought		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
10356.08		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2008 <input type="checkbox"/> Other (specify) : _____	
		Transaction ID: SE.17506	

(a) SUBTOTAL of Itemized Independent Expenditures	436.20
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Catherine Duvall Signature	M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 8

24 / 48 HOUR NOTICE OF INDEPENDENT / COORDINATED EXPENDITURE, on :**FEC ID No.**☐ 24-Hour Notice ☐ 48-Hour Notice**SCHEDULE E (FEC Form 3X)****ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)
SIERRA CLUB POLITICAL COMMITTEE**FEC IDENTIFICATION NUMBER****C** C00135368Check if ☐ 24-hour notice ☒ 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

Rich Kotchmar

Date

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 8

Amount

290.80

City

Washington

State

DC

Zip Code

20002-5818

Purpose of Expenditure

Salaries & Benefits

Category/
Type

001

Office Sought:

☐ House

State: _____

☐ Senate

District: 00

☒ Presidential

Check One:

☐ Support☒ Oppose

Disbursement For:

☐ Primary☒ General 2008☐ Other (specify) : _____**Transaction ID:** SE.17515

Calendar Year-To-Date Per Election

10536.75

for Office Sought

Full Name (Last, First, Middle, Initial) of Payee

Teresa McHugh

Date

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 8

Amount

42.91

City

Columbus

State

OH

Zip Code

43215

Purpose of Expenditure

Salaries & Benefits

Category/
Type

001

Office Sought:

☐ House

State: _____

☐ Senate

District: 00

☒ Presidential

Check One:

☒ Support☐ Oppose

Disbursement For:

☐ Primary☒ General 2008☐ Other (specify) : _____**Transaction ID:** SE.17508

Calendar Year-To-Date Per Election

10362.69

for Office Sought

(a) SUBTOTAL of Itemized Independent Expenditures

333.71

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Catherine Duvall

Signature

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 8

24 / 48 HOUR NOTICE OF INDEPENDENT / COORDINATED EXPENDITURE, on :

FEC ID No.

☐ 24-Hour Notice ☐ 48-Hour Notice

SCHEDULE E (FEC Form 3X)

ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF 13 / 18

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)
SIERRA CLUB POLITICAL COMMITTEE

FEC IDENTIFICATION NUMBER

C C00135368

Check if ☐ 24-hour notice ☒ 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

Teresa McHugh

Date

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 8

Amount

42.91

City State Zip Code
Columbus OH 43215Purpose of Expenditure
Salaries & BenefitsCategory/
Type 001Office Sought: ☐ House State: _____
☐ Senate District: 00
☒ PresidentialCheck One: ☐ Support ☒ OpposeName of Federal Candidate supported or Opposed by expenditure:
JOHN S. MCCAINDisbursement For: ☐ Primary ☒ General 2008☐ Other (specify) : _____Calendar Year-To-Date Per Election 10420.98
for Office Sought

Transaction ID: SE.17518

Full Name (Last, First, Middle, Initial) of Payee
New Media Firm, Inc

Date

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 8

Amount

170000.00

City State Zip Code
Washington DC 20006Purpose of Expenditure
Consultants - MediaCategory/
Type 004Office Sought: ☐ House State: DC
☐ Senate District: 00
☒ PresidentialCheck One: ☒ Support ☐ OpposeName of Federal Candidate supported or Opposed by expenditure:
BARACK OBAMADisbursement For: ☐ Primary ☒ General 2008☐ Other (specify) : _____Calendar Year-To-Date Per Election 169680.46
for Office Sought

Transaction ID: SE.17490

(a) SUBTOTAL of Itemized Independent Expenditures

170042.91

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Catherine Duvall

Signature

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 8

24 / 48 HOUR NOTICE OF INDEPENDENT / COORDINATED EXPENDITURE, on :

FEC ID No.

☐ 24-Hour Notice ☐ 48-Hour Notice

SCHEDULE E (FEC Form 3X)

ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full)
SIERRA CLUB POLITICAL COMMITTEE

FEC IDENTIFICATION NUMBER

C C00135368

Check if ☐ 24-hour notice ☒ 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

New Media Firm, Inc

Date

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 8

Amount

170000.00

Mailing Address

1634 I Street NW Suite 704

City

Washington

State

DC

Zip Code

20006

Purpose of Expenditure

Consultants - Media

Category/
Type

004

Office Sought:

☐ House

State: DC

☐ Senate

District: 00

☒ Presidential

Check One:

☐ Support☒ Oppose

Name of Federal Candidate supported or Opposed by expenditure:

JOHN S. MCCAIN

Disbursement For:

☐ Primary☒ General 2008☐ Other (specify) : _____

Transaction ID: SE.17492

Calendar Year-To-Date Per Election

323626.96

for Office Sought

Full Name (Last, First, Middle, Initial) of Payee

Carol Oldham

Date

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 8

Amount

185.40

Mailing Address

100 Boylston St Ste 760

City

Boston

State

MA

Zip Code

02116-4610

Purpose of Expenditure

Salaries & Benefits

Category/
Type

001

Office Sought:

☐ House

State: _____

☐ Senate

District: 00

☒ Presidential

Check One:

☒ Support☐ Oppose

Name of Federal Candidate supported or Opposed by expenditure:

BARACK OBAMA

Disbursement For:

☐ Primary☒ General 2008☐ Other (specify) : _____

Transaction ID: SE.17499

Calendar Year-To-Date Per Election

9982.43

for Office Sought

(a) SUBTOTAL of Itemized Independent Expenditures

170185.40

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

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Catherine Duvall

Signature

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 8

24 / 48 HOUR NOTICE OF INDEPENDENT / COORDINATED EXPENDITURE, on :

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☐ 24-Hour Notice ☐ 48-Hour Notice

SCHEDULE E (FEC Form 3X)

ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full)
SIERRA CLUB POLITICAL COMMITTEE

FEC IDENTIFICATION NUMBER

C C00135368

Check if ☐ 24-hour notice ☒ 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

Carol Oldham

Date

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 8

Amount

185.40

City

Boston

State

MA

Zip Code

02116-4610

Purpose of Expenditure

Salaries & Benefits

Category/
Type

001

Office Sought:

☐ House

State: _____

☐ Senate

District: 00

☒ Presidential

Check One:

☐ Support☒ Oppose

Disbursement For:

☒ Primary☐ General 2008☐ Other (specify) : _____

Transaction ID: SE.17525

Calendar Year-To-Date Per Election

5974.26

for Office Sought

Full Name (Last, First, Middle, Initial) of Payee

Rosemary Wehnes

Date

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 8

Amount

59.10

City

Milwaukee

State

WI

Zip Code

53213

Purpose of Expenditure

Salaries & Benefits

Category/
Type

001

Office Sought:

☐ House

State: _____

☐ Senate

District: 00

☒ Presidential

Check One:

☐ Support☒ Oppose

Disbursement For:

☐ Primary☒ General 2008☐ Other (specify) : _____

Transaction ID: SE.17517

Calendar Year-To-Date Per Election

10486.96

for Office Sought

(a) SUBTOTAL of Itemized Independent Expenditures

244.50

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

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Catherine Duvall

Signature

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 8

24 / 48 HOUR NOTICE OF INDEPENDENT / COORDINATED EXPENDITURE, on :

FEC ID No.

☐ 24-Hour Notice ☐ 48-Hour Notice

SCHEDULE E (FEC Form 3X)

ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)
SIERRA CLUB POLITICAL COMMITTEE

FEC IDENTIFICATION NUMBER

C C00135368

Check if ☐ 24-hour notice ☒ 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

Rosemary Wehnes

Date

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 8

Amount

59.10

City

Milwaukee

State

WI

Zip Code

53213

Purpose of Expenditure

Salaries & Benefits

Category/
Type

001

Office Sought:

☐ House

State: _____

☐ Senate

District: 00

☒ Presidential

Check One:

☒ Support☐ Oppose

Disbursement For:

☐ Primary☒ General 2008☐ Other (specify) : _____

Transaction ID: SE.17521

Calendar Year-To-Date Per Election

11411.63

for Office Sought

Full Name (Last, First, Middle, Initial) of Payee

Rosemary Wehnes

Date

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 8

Amount

20.00

City

Milwaukee

State

WI

Zip Code

53213

Purpose of Expenditure

Transportation Reimb-
ursermentCategory/
Type

001

Office Sought:

☐ House

State: _____

☐ Senate

District: 00

☒ Presidential

Check One:

☐ Support☒ Oppose

Disbursement For:

☐ Primary☒ General 2008☐ Other (specify) : _____

Transaction ID: SE.17524

Calendar Year-To-Date Per Election

10148.99

for Office Sought

(a) SUBTOTAL of Itemized Independent Expenditures

79.10

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Catherine Duvall

Signature

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 8

24 / 48 HOUR NOTICE OF INDEPENDENT / COORDINATED EXPENDITURE, on :

FEC ID No.

☐ 24-Hour Notice ☐ 48-Hour NoticeSCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE OF 17 / 18
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) SIERRA CLUB POLITICAL COMMITTEE		FEC IDENTIFICATION NUMBER C C00135368	
Check if <input type="checkbox"/> 24-hour notice <input checked="" type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Rosemary Wehnes		Date M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 8	
Mailing Address 8112 W. Bluemound Rd., Ste. 108		Amount 20.00	
City Milwaukee	State WI	Zip Code 53213	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> Presidential
Purpose of Expenditure Transportation Reimbursement		Category/ Type 001	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2008 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		Transaction ID: SE.17533	
10160.84			
Full Name (Last, First, Middle, Initial) of Payee David Willett		Date M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 8	
Mailing Address 408 C St NE		Amount 30.58	
City Washington	State DC	Zip Code 20002-5818	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> Presidential
Purpose of Expenditure Salaries & Benefits		Category/ Type 001	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2008 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		Transaction ID: SE.17500	
9976.71			

(a) SUBTOTAL of Itemized Independent Expenditures	50.58
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Catherine Duvall Signature	M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 8

24 / 48 HOUR NOTICE OF INDEPENDENT / COORDINATED EXPENDITURE, on :

FEC ID No.

☐ 24-Hour Notice ☐ 48-Hour Notice

SCHEDULE E (FEC Form 3X)

ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)
SIERRA CLUB POLITICAL COMMITTEE

FEC IDENTIFICATION NUMBER

C C00135368

Check if ☐ 24-hour notice ☒ 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

David Willett

Date

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 8Mailing Address
408 C St NE

Amount

30.58

City State Zip Code
Washington DC 20002-5818Purpose of Expenditure
Salaries & BenefitsCategory/
Type 001Office Sought: ☐ House State: _____
☐ Senate District: 00
☒ PresidentialName of Federal Candidate supported or Opposed by expenditure:
JOHN S. MCCAINCheck One: ☐ Support ☒ OpposeDisbursement For: ☐ Primary ☒ General 2008☐ Other (specify) : _____Calendar Year-To-Date Per Election 10284.38
for Office Sought

Transaction ID: SE.17510

(a) SUBTOTAL of Itemized Independent Expenditures

30.58

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

344230.41

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Catherine Duvall

Signature

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 8